



# Work Order (Bid Form)

## WORK ORDER INFORMATION

**Work Order Name:** WO/40004CL1029

**Work Order Type:** Weatherization

**Audit Name:** 40004CL1029

## CLIENT INFORMATION

**Client Name:**

**Address:**

**Client ID:** 40004CL1029

**Alt. Client ID:** MONTGOMERY

## AGENCY INFORMATION

**Agency:** Clarksville-Montgomery CCAA

**Agency Phone:** (931) 648-5774

**Address:** (PO Box 487) 350 Pageant Lane, Suite 307  
Clarksville, TN 37041-0847

**Fax:** (931) 648-5784

**Email Address:** wendyfuqua@hotmail.com

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

1196 SQ. FT. DOUBLE WIDE MANUFACTURED IN 2001

ALL WORK TO BE DONE IN ACCORDANCE WITH THE TENNESSEE WEATHERIZATION FIELD GUIDE

CONTRACTOR IS RESPONSIBLE TO VERIFY DIMENSIONS AND SCOPE OF WORK PRIOR TO BID

PRE-WORK BLOWER DOOR 1395 @ -50

POST WORK TARGET 1395 @ -50

AUDIT DATE 3/27/12

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**Report Run On:** 4/1/2012

**DOE Weatherization Assistant**

**Version 8.6.0**

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## Measures

Measure 1 DWH Tank Insulation				Components			Inspected		
Comment 40 GALLON ELECTRIC WATER HEATER IN CLOSET							<input type="checkbox"/>		
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DWH Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DWH Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
Field Notes:									

Measure 2 Lighting [][6]				Components L1			Inspected		
Comment							<input type="checkbox"/>		
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Lighting	Compact Fl. -13 Watt	Each	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Compact Fl. -13 Watt	Each	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
Field Notes:									

**Measure 3 Replace Cooling [Heat Pump]****Components****Inspected****Comment** INCLUDE NEW A/C IN HEAT PUMP REPLACEMENT☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Cooling Equipmen	Replacement clg (heat pump) (not used)	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Replacement clg (heat pump) (not used)	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:** **Sub Total:** **Field Notes:****Measure 4 Belly Fiberglass Loose****Components****Inspected****Comment** REPAIR APPROXIMATELY 250 SQ. FT. OF TORN BELLY MEMBRANE -  
REPLACE DAMAGED, MISSING INSULATION☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fbergls,Blwn	SqFt	22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fbergls,Blwn	SqFt	22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:** **Sub Total:** **Field Notes:**

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Measure 5 DWH Pipe Insulation				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DWH Pipe Insulation	Each	1					
2	Labor	DWH Pipe Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 6 Replace Heating [Electric]				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Heating Equipmen	Replacement elec furnace (not used)	Each	1					
2	Labor	Replacement elec furnace (not used)	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

**Measure 7 Fix Improper Venting (Clothes Dryer)****Components****Inspected****Comment** INSTALL NEW METAL DRYER VENT PIPE -INSURE SECURE  
CONNECTIONS- INCLUDE VENT CAP WITH DAMPER☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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